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| <b>PATENT APPLICATION FEE DETERMINATION<br/>RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                           |                                             | Application or<br>Docket Number<br><b>10774238</b> |                       | Filing Date:<br><b>02/06/2004</b>            |          | <input type="checkbox"/> To be Mailed |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------------|-----------------------|----------------------------------------------|----------|---------------------------------------|------------------------|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |                                           |                                             |                                                    |                       | <b>OTHER THAN<br/>SMALL ENTITY</b>           |          |                                       |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              | (Column 2)                                |                                             | SMALL ENTITY <input type="checkbox"/> OR           |                       | SMALL ENTITY                                 |          |                                       |                        |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                                                                                                                                                                                                                 | NUMBER EXTRA                              | RATE (\$)                                   | FEE (\$)                                           | OR                    | RATE (\$)                                    | FEE (\$) |                                       |                        |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                                                                                          | N/A                                       | N/A                                         |                                                    |                       | N/A                                          |          |                                       |                        |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (j), or (m))                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                                          | N/A                                       | N/A                                         |                                                    |                       | N/A                                          |          |                                       |                        |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                                          | N/A                                       | N/A                                         |                                                    |                       | N/A                                          |          |                                       |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                     | minus 20 = *                                                                                                                                                                                                                                 |                                           | X \$25 =                                    |                                                    | OR                    | X \$50 =                                     |          |                                       |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                               | minus 3 = *                                                                                                                                                                                                                                  |                                           | X \$100 =                                   |                                                    |                       | X \$200 =                                    |          |                                       |                        |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                    | If the specification and drawings exceed<br>100 sheets of paper, the application size<br>fee due is \$250 (\$125 for small entity)<br>for each additional 50 sheets or fraction<br>thereof. See 35 U.S.C. 41(a)(1)(G) and<br>37 CFR 1.16(s). |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                           | + \$180                                     |                                                    |                       | +\$360                                       |          |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |                                           | TOTAL                                       |                                                    |                       | TOTAL                                        |          |                                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                              |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                              |                                           |                                             |                                                    |                       | <b>OTHER THAN<br/>SMALL ENTITY</b>           |          |                                       |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              | (Column 2)                                |                                             | (Column 3)                                         |                       | SMALL ENTITY OR                              |          | SMALL ENTITY                          |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/02/06                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                   | RATE (\$)             | ADDITIONAL<br>FEE (\$)                       | OR       | RATE (\$)                             | ADDITIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR<br>1.16(o))                                                                                                                                                                                                                    | * 6                                       | Minus                                       | ** 20                                              | = 0                   | X \$25 =                                     |          | OR                                    | X \$50 =               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                                              | * 1                                       | Minus                                       | ** 3                                               | = 0                   | X \$100 =                                    |          | OR                                    | X \$200 = 0            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                               |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                     |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |                                           |                                             |                                                    | TOTAL<br>ADD'L<br>FEE |                                              | OR       | TOTAL<br>ADD'L<br>FEE                 |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              | (Column 2)                                |                                             | (Column 3)                                         |                       | SMALL ENTITY OR                              |          | SMALL ENTITY                          |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                   | RATE (\$)             | ADDITIONAL<br>FEE (\$)                       | OR       | RATE (\$)                             | ADDITIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR<br>1.16(o))                                                                                                                                                                                                                    | *                                         | Minus                                       | **                                                 | =                     | X \$25 =                                     |          | OR                                    | X \$50 =               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                                              | *                                         | Minus                                       | **                                                 | =                     | X \$100 =                                    |          | OR                                    | X \$200 =              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                               |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                     |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |                                           |                                             |                                                    | TOTAL<br>ADD'L<br>FEE |                                              | OR       | TOTAL<br>ADD'L<br>FEE                 |                        |
| <b>CALCULATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                                                                                                                                                                                              |                                           |                                             |                                                    |                       |                                              |          |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |                                           |                                             |                                                    |                       | Legal Instrument Examiner:<br>Rozenia Harmon |          |                                       |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.